

LICKING VALLEY LOCAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Please complete this authorization agreement to initiate direct deposit.

You can have as many financial institutions or accounts as necessary.

For checking accounts, attach a copy of one of your checks, or a void check. We cannot accept deposit slips for checking accounts.

For savings account, attach a deposit slip.

We will assume that you want 100% deposited into your account unless otherwise instructed.

If you are depositing into two or more accounts, explain how you would like it distributed.

_____ Checking account

_____ Savings account

This authority is to remain in full force until the District has received written notification from me of a change. Notification must be made in such timely manner as to afford the district and financial institution a reasonable opportunity to act on it.

Employee Name (Print)

Date

Signature